

PTO/SB/122 (10-01)
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|---|---|--------------------|------------|-------------|--------------|----------------------|-------------|----------|------|---------------|------------------|------------------------|---------|
| Address to: Assistant Commissioner for Patents Washington, D.C. 20231 | <table border="1"> <tr> <td>Application Number</td> <td>10/050,246</td> </tr> <tr> <td>Filing Date</td> <td>Jan 15, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Bum Ki MOON</td> </tr> <tr> <td>Art Unit</td> <td>2811</td> </tr> <tr> <td>Examiner Name</td> <td>Not Assigned Yet</td> </tr> <tr> <td>Attorney Docket Number</td> <td>12205/3</td> </tr> </table> | Application Number | 10/050,246 | Filing Date | Jan 15, 2002 | First Named Inventor | Bum Ki MOON | Art Unit | 2811 | Examiner Name | Not Assigned Yet | Attorney Docket Number | 12205/3 |
| Application Number | 10/050,246 | | | | | | | | | | | | |
| Filing Date | Jan 15, 2002 | | | | | | | | | | | | |
| First Named Inventor | Bum Ki MOON | | | | | | | | | | | | |
| Art Unit | 2811 | | | | | | | | | | | | |
| Examiner Name | Not Assigned Yet | | | | | | | | | | | | |
| Attorney Docket Number | 12205/3 | | | | | | | | | | | | |

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| Address | 6 th Floor | State | | ZIP | 349249 |
| City | | | | | |
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name Dexter CHUN (Reg. No.: 38,842)

Signature

Date 02/17/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Subject Matter: US Patent Application Number: 10/050,246
Change of Correspondence Address for Patent Application

Total Pages (including cover sheet): 4 pages

Attachments:

- a) Certificate of Transmission
- b) Transmittal Form
- c) Change of Correspondence Address for
US Patent Application No. 10/050,246

PTO/SB/97 (08-00)
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PTO/SB/21 (08-00)

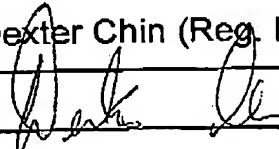
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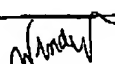
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|---|----------------------|------------------------|---------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> | Application Number | 10/050,246 | |
| | Filing Date | 01/15/2002 | |
| | First Named Inventor | Bum Ki MOON | |
| | Group Art Unit | 2811 | |
| | Examiner Name | Not Assigned Yet | |
| Total Number of Pages In This Submission | 4 | Attorney Docket Number | 12205/3 |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Dexter Chin (Reg. No.:38,842) |
| Signature |  |
| Date | 02/17/2003 |

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| Typed or printed name | Wendy Lim | | |
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